
**AUTHORIZATION FOR DIRECT DEPOSIT
HENDERSON COUNTY PUBLIC SCHOOLS/
HENDERSON COUNTY DEPARTMENT OF FINANCE**

I, _____ hereby authorize Henderson County Department of Finance to initiate credit entries to my account indicated below and to be deposited into the Financial Institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States Law.

Name of Bank/Financial Institution

Bank Address

Bank Routing #

Bank Account # 1

Type of account(checking/savings)

Bank Account # 2

Amount

Type of account(checking/savings)

This authority is to remain in full force and effect until Henderson County Department of Finance has received written notification from me of its termination or bank account changes.

Signature

Date